

SELF-SERVICE CONTRACTED SERVICE PROVIDER REFERRAL



The respective Rep. Agency must
make the recommendation.

Fax Form To:
423-283-8034

Or Email To:
dharrison@hotwater.com

Today's Date:
(mm/dd/yyyy) _____

Service Provider Information	
Company Name _____	<p>An A.O. Smith Water Products self-service contracted service provider will be an independent contractor whose main job is servicing and repairing gas, and electric water heaters which they have sold. The representatives will not be an employee or partner with any A.O. Smith manufacturer representative organization or distributor. In addition, the candidate service provider will have demonstrated quality and professionalism in the marketplace in workmanship, reputation, and references and must pass both a background check and the appropriate proficiency tests.</p> <p style="color: red; font-weight: bold;">The bottom portion of this form MUST be signed by the Rep. Agency, not the potential Provider.</p>
Contact Name _____	
Address _____	
City _____ State _____ Zip Code _____	
Phone # _____	
Fax # _____	
Mobile Phone # _____	
Email Address _____	

Brands To Be Serviced	Type of Equipment Serviced
<input type="checkbox"/> A.O. Smith <input type="checkbox"/> State <input type="checkbox"/> American PROLine <input type="checkbox"/> Premier Plus	<input type="checkbox"/> Residential Gas / Electric <input type="checkbox"/> Commercial Atmospheric <input type="checkbox"/> Commercial High Efficiency <input type="checkbox"/> Commercial Specialty <input type="checkbox"/> Commercial Electric <input type="checkbox"/> Hot Water Boiler <input type="checkbox"/> Residential / Commercial Tankless
<p>Annual Unit Purchases</p> Residential Electric _____ Residential Gas _____ Commercial Products _____ Tankless Products _____	

Submitted by: _____ District Number: _____

Submitting Firm: _____ Date Submitted: _____

Email Address: _____ Fax Number: _____

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